Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING CPA-041 09/25/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1012 14TH STREET NW** FOUNDATION FOR HOME & COMMUNITY INC WASHINGTON, DC 20005 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DASSIGNEMONOF Health Health Regulation & Licensing Administration S 000 S 000 Initial Comments Intermediate Care Facilities Division 899 North Capitol St., N.E. An annual licensure survey was conducted on Washington, D.C. 20002 September 24, 2014 through September 25, 2014. The sample sizes were fourteen (14) personnel records based on a census of twenty-eight (28), twenty-five (25) foster parent records based on a census of one hundred (100); and, twenty-five (25) foster children records based on a census of seventy-seven (77). The survey findings were based on interviews and the review of records. Note: The below are abbreviations that may appear throughout the body of this report. Child-Placing Agency - CPA Deputy Director -DD **Director of Social Services - DSS** FACES - FACES.NET (District of Columbia's Statewide Automated Child Welfare System 11/1/15 S 344 Family and Children Electronic System) Foundations for Home and Community Licensing Specialist - LS Obstetrics/Gynecology - Ob/Gyn will ensure that the child's record contains all necessary demographic and S 344 S 344 1628.14(b) Social Services Related To Child medical information including, but not **Placing** limited to physician and dental reports. (b) The child's record which shall include the Effective immediately, the assigned social worker will be required to not (1) Full name: (2) Address and telephone number only record the completed date of the of birth parents; (3) Race; (3) Sex; (4) Date and place of birth; (5) Nationality; (6) Health including vision, dental or medical appointment medical history of past generations; (7) in FACES, they will also be require to Physician's report, illnesses, immunization have the actual documentation for the reports, and dental records; (8) Full names of children, siblings, grandparents and significant same appointment in the client file others of birth parents; (9) Social security within 30 days of the completed number, if available; (10) Birth history; (11) appointment. Developmental history; (12) Birth certificate

Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE

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approximately 3:30 p.m., the listing from FACES

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